

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036717

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 163 Primary Registration District No. 0596 Registrar's No. 65

STATE FILE NUMBER

FILED OCT 2 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>JEFF</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>VALLE</b> Length of stay in 1b: <b>—</b>		c. CITY OR TOWN <b>DE SOTO</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Hy 21 at Vineland RD</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Route #2</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>DENISE</b> Middle <b>MARIE</b> Last <b>DECLUE</b>		4. DATE OF DEATH Month <b>SEPT</b> Day <b>29</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/23/63</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	9. AGE (last birthday) <b>4</b> Months <b>6</b> Days <b>—</b> Hours <b>—</b> Min. <b>—</b>
11. BIRTHPLACE (City and state or country) <b>Festus, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>BERNARD DE CLUE</b>		13b. MOTHER'S MAIDEN NAME <b>SHEILA FILKINS</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT Address <b>Mrs R Underwood De Soto, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple Fractures &amp; Internal Injuries</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>—</b> DUE TO (c) <b>—</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Auto Accident.</b>		20c. TIME OF INJURY Hour <b>7:00</b> p.m. Month, Day, Year <b>9-29-63</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>	
20f. CITY, TOWN, OR LOCATION <b>Valle Twp. Jeff. Mo.</b>		COUNTY <b>JEFF</b> STATE <b>MO</b>	
21. I attended the deceased from <b>Coroner's</b> to <b>View</b> and last saw her alive on <b>7:00 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <b>7:00 P.m.</b>			
22. SIGNATURE (Degree or title) <b>Lamar P. Schmidt, Coroner</b>		22b. ADDRESS <b>Festus Mo.</b>	
22c. DATE SIGNED <b>9-30-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>10/2/63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St Joachim</b>	
23d. LOCATION (City, town, or county) <b>OLD MEADES, MO</b>		23e. STATE <b>MO</b>	
24. FUNERAL DIRECTOR <b>MAHN FUNERAL HOME</b>		25. DATE RECD. BY LOCAL REG. <b>10-1-1963</b>	
26. REGISTRAR'S SIGNATURE <b>Marie Harris</b>		ADDRESS <b>De Soto, Mo</b>	

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Herold J. Mahan*

Licensed Embalmer No. 4975

P. O. Address

De Soto, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.